

MONROE COUNTY

JOB DESCRIPTION

Position Title: AIRPORT RESCUE FIREFIGHTER	Date: 2/9/99	
Position Level: 7	FLSA Status: Nonexempt	Class Code: 7-2

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GENERAL DESCRIPTION

Primary function is to provide firefighting and rescue emergency services in the event of an aircraft emergency or crash.

KEY RESPONSIBILITIES

1. *Operates the crash fire rescue vehicles in the event of an aircraft accident or other emergency.
2. *Performs emergency medical treatment of injured survivors.
3. *Performs overall operations as needed at all fires and rescue scenes.
4. *Inspects runway, taxiways and ramp for debris, damage, and safety hazards.
5. Performs general maintenance work in the upkeep of all firefighting equipment. Cleans, washes, waxes and maintains ARFF station and ARFF quarters.
6. Makes minor repairs to property and equipment.
7. Performs maintenance on air field lighting.
8. Washes, hangs, and dries hoses. Washes, cleans, repairs, polishes, and tests apparatus.
9. Performs tests on pumps, hoses, breathing apparatus, and other equipment.
10. Stands watches and monitors all flights after ATCT closes until it reopens.
11. Is subject to emergency recall duty within 45 minutes as part of the regular duties whether on or off duty. A home telephone, mobile phone or pager is required.
12. Attends company drills and scheduled in-house training exercises. Participates as required in all drills and training sessions involving both practical and classroom applications.
13. Enforces security regulations in the Air Operations Area.
14. Performs other work as assigned.

* Indicates an "essential" job function.

The information on this description has been designed to indicate the general nature and level of work performed by employees within this classification. It is not designed to contain or be interpreted as a comprehensive inventory of all duties, responsibilities and qualifications required of employees assigned to this job.

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KEY JOB REQUIREMENTS	
<i>Education:</i>	Vocational or Technical School required.
<i>Experience:</i>	0 to 1 year.
<i>Impact of Actions:</i>	Makes recommendations or decisions which usually affect the assigned department, but may at times affect operations, services, individuals, or activities of others outside of the assigned department.
<i>Complexity:</i>	Analytic: Work is non-standardized and widely varied requiring the interpretation and application of a substantial variety of procedures, policies, and/or precedents used in combination. Frequently, the application of multiple, technical activities is employed; therefore, analytical ability and inductive thinking are required. Problem solving involves identification and analysis of diverse issues.
<i>Decision Making:</i>	Varied: Supervision is present to establish general objectives relative to a specific project, to outline the desired end product and to identify potential resources for assistance. Independent judgment is required to identify, select, and apply the most appropriate of available guidelines and procedures, interpret precedents, and adopt standard methods or practices to meet variations in facts and/or conditions.
<i>Communication with Others:</i>	Requires regular internal and external contacts to carry out programs and to explain specialized matters. Occasionally requires contact with officials at higher levels on matters requiring cooperation, explanation and persuasion, as well as with the public involving the enforcement of regulations, policies and procedures.
<i>Managerial Skills:</i>	Has responsibility or authority which is limited to the direction of temporary workers.
<i>Working Conditions/ Physical Effort:</i>	Work requires occasional physical exertion and/or muscular strain. Work involves several disagreeable elements and/or exposure to job hazards where there is some possibility of injury.
<i>On Call Requirements:</i>	Subject to emergency recall duty within 45 minutes.
<i>Other:</i>	Requires Florida State Certified Firefighter, Florida State EMT, Florida Drivers License.

APPROVALS	
<i>Department Head:</i>	
Name: _____	Signature: _____ Date: _____
<i>Division Director:</i>	
Name: _____	Signature: _____ Date: _____
<i>County Administrator:</i>	
Name: _____	Signature: _____ Date: _____

On this date I have received a copy of my job description relating to my employment with Monroe County.

Name: _____ Signature: _____ Date: _____